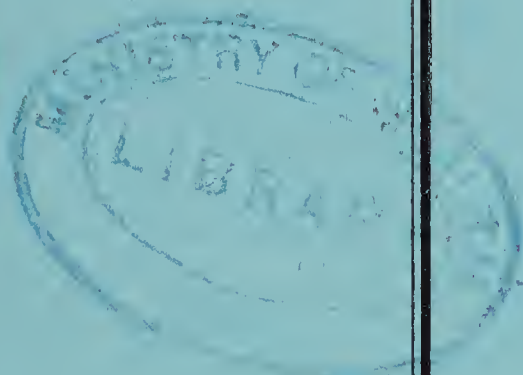


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RUNCORN URBAN DISTRICT



# ANNUAL REPORT

*of the*

MEDICAL OFFICER OF HEALTH

*for the*

Year ending 31st December, 1950





URBAN DISTRICT AUTHORITY OF RUNCORN

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# ANNUAL REPORT

1950

BY

*MEDICAL OFFICER OF HEALTH*

---

## Officials of the Public Health Department :

- 1) *Medical Officer of Health, Runcorn Urban and Rural Districts.*
- (2) *Divisional Medical Officer of Health  
and Divisional School Medical Officer (Runcorn Division)*

E. N. HILLMAN GRAY, L.R.C.P. & S., L.M., D.P.H.

## Sanitary Inspectors:

\**Senior:* Mr. ALLEN DALE, M.R.San.I., M.S.I.A., Cert.R.S.I. Meat and Foods.

\**Additional:* Mr. ALBERT DUCKWORTH, M.S.I.A., Cert.R.S.I., Meat and Foods.

*Additional:* Mr. JOHN CABOURNE, A.R.San.I., M.S.I.A., Cert.R.S.I., Meat and Foods.

(★*Also appointed Shops Inspector*)

## Members of the Urban District Council of Runcorn

*Chairman of the Council:*

COUNCILLOR H. GOODALL, J.P.

*Vice-Chairman of the Council:*

COUNCILLOR C. EVANS (Chairman of the Finance Committee)

COUNCILLOR E. C. BROOKER, J.P.

„ G. ELLIS

COUNTY ALDERMAN W. GITTINS, J.P.

COUNCILLOR F. HOLT

„ S. HOLT

„ W. S. HUXTABLE

„ H. HUGHES (Chairman of the Public Health Committee)

„ A. G. JEACOCK

„ G. A. LOWE

„ P. A. MEGGITT

„ C. C. POSNETT, C.C.

„ W. C. PREECE

„ F. RATCLIFFE

„ T. B. SHALLCROSS

„ A. SALAD

„ J. TILDSLEY, J.P.

„ A. WOOD

„ T. WHITBY

„ G. WRIGHT

### Officers

*Solicitor-Clerk of the Council:* Mr. T. J. LEWIS

*Engineer and Surveyor:* Mr. A. B. CUNNINGHAM (M.I.Mun., M. & Cy.E.)

*Treasurer:* Mr. C. NORMAN GREEN

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AN APPEAL TO ALL CONCERNED, ESPECIALLY TO VOLUNTARY SOCIETIES, IS AGAIN MADE TO MAKE *FULL* USE OF THIS REPORT—DISCUSSION GROUPS, &c., IN HEALTH EDUCATION SHOULD BE ARRANGED FOR IN THE INTERESTS OF PUBLIC HEALTH AT FREQUENT INTERVALS.

SEE APPENDIX "A"

## INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE  
URBAN DISTRICT COUNCIL OF RUNCORN.

Gentlemen,

This report is rendered in accordance with the wishes of the Ministry of Health, i.e., Circular 2/50—26/1/50.

Taking into consideration the conditions created by the shortage of housing accommodation, the general health of the community is satisfactory for the moment.

When the various matters recommended in this Report are put into effect, health (mental and physical) should greatly improve, provided *all* concerned co-operate, i.e., “team work”.

*Proper housing conditions, good food, varied diet and further health education are urgently required.*

Special attention is drawn to Appendix “A”—“The Commonsense Preventive Measures against Disease”—this is one of the excellent ways of furthering Health Education and has been distributed to e.g., most factories, voluntary societies, schools, libraries and households in the district.

Annual Report, 1950. Divisional Medical Officer of Health, Runcorn—by agreement with the Cheshire County Council and my local Councils—this Report is included as an Appendix “B” and attached hereto.

The co-operation and help of *all* concerned outside my offices, in the Public Health Department and other departments has been greatly appreciated by me in the carrying out of my various duties—without the “team spirit” it would be difficult to obtain results.

I beg to remain,

Your obedient Servant,

E. N. HILLMAN GRAY,

Medical Officer of Health.

## SECTION A—Statistics and Social Conditions of the Area

(a)	Area (in acres)	....	....	....	....	2,904
(b)	Estimated Population (Mid 1950)	....	....	....	....	24,000
(c)	Number of Inhabited Houses (end 1950) according to the Rate Books	....	....	....	....	6,948
(d)	Rateable value of the District (31st December, 1950)	....	....	....	....	£130,904
(e)	Sum represented by one penny rate (approx.) (31st December, 1950)	....	....	....	....	£557
(f)	Density of Population. Number of Persons per acre (estimated population June, 1950)	....	....	....	....	8.18
(g)	Average number of persons per inhabited house (estimated population June, 1950)	....	....	....	....	3.42

## Social Conditions

Runcorn is distinctly urban in character, situated on the south bank of the estuary of the River Mersey. The ground rises from the river, the highest point being at Runcorn Hill, 256 feet above sea-level.

The town is built on red sandstone with pockets of boulder clay.

Chemical industries and tanneries absorb the bulk of the working population of the town. Many young people are engaged in cable works and jam works situated in the Rural District, while persons of all ages are employed on the river and canals.

Vital Statistics				<i>Total</i>	<i>M.</i>	<i>F.</i>	
LIVE BIRTHS—	Legitimate	....	....	....	349	186	163
	Illegitimate	....	....	....	11	7	4

Birth Rate per 1,000 of the estimated resident population : 10.5.  
Live births born outside Runcorn Urban District but belonging to  
the Runcorn Urban District (172)—7.16 per 1,000 resident  
population.

					<i>Total</i>	<i>M.</i>	<i>F.</i>
STILL BIRTHS	....	....	....	....	11	7	4
Rate per 1,000 total (live and still births) : 29.6.							

## DEATHS

Death rate per 1,000 of the estimated resident population : 10.79.

## Deaths from Pregnancy, Childbirth, Abortion

(Heading No. 30 of Registrar-General's Short List)

Rate per 1,000 (live and still births)

Deaths: Nil.



## Death Rate of Infants under One Year of Age

All infants per 1,000 live births (12 deaths)	....	....	33.3
Legitimate infants per 1,000 legitimate live births (360)	....		33.3
Illegitimate infants per 1,000 illegitimate live births (nil deaths)	....	....	nil

### Particulars of any unusual or excessive mortality during the year which has received or required comment

The causes of the highest mortality were :—

Heart Disease	....	64
Cancer	....	47

Heart disease was prevalent in persons over 65 years of age; some cases may have been due to the effects of, e.g., bad diet and lack of vitamin C and/or rheumatism in childhood. This is about to be further investigated under instructions from the Ministry of Health (e.g., lack of vitamin C, gland deficiency, etc.).

### Infant Mortality

The cause of Deaths of Infants during 1950 are recorded in the following table :

<i>Cause of Death</i>	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3-6 months	6-9 months	9-12 months	Total deaths under one year
Broncho-pneumonia (home and hospital) ....	—	1	—	—	1	—	1	—	—	2
Atelectasis (hospital) ....	2	—	—	—	2	—	—	—	—	2
Congenital heart disease (hospital) ....	1	—	—	—	1	—	1	—	—	2
Gastro-enteritis (hospital) ....	—	—	—	—	—	—	—	1	—	1
Haemorrhage (hospital) ....	1	—	—	—	1	—	—	—	—	1
Intestinal obstruction (hospital) ....	1	—	—	—	1	—	—	—	—	1
Meningocele (hospital) ....	1	—	—	—	1	—	—	—	—	1
Prematurity (hospital) ....	2	—	—	—	2	—	—	—	—	2
<b>TOTALS</b> ....	<b>8</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>9</b>	<b>—</b>	<b>2</b>	<b>1</b>	<b>—</b>	<b>12</b>

N.B.: Infantile Mortality rate per 1,000 live births: 33.3

There were 153 deaths of persons over 65 years of age.

					<i>M.</i>	<i>F.</i>	<i>Total</i>
From 65-69	Number of Deaths	....	....		21	12	33
„ 70-79	„ „ „	....	....		47	33	80
„ 80-89	„ „ „	....	....		21	18	39
„ 90-99	„ „ „	....	....		—	1	1
„ 100	„ „ „	....	....		—	—	—

### Causes of Sickness or Invalidity

There have been no cases of sickness or invalidity which have been specially noteworthy in this area during the year.

### Table of Comparative Rates

<i>Year</i>	<i>Estimated Mid-year Population</i>	<i>Birth Rate</i>	<i>Death Rate</i>	<i>Infantile Mortality</i>
1942	22,730	17.9	22.2	56.2
1943	22,450	17.66	13.22	53.24
1944	21,840	20.6	13.2	65.7
1945	21,690	19.2	13.42	66.98
1946	22,940	20.88	13.25	41.75
1947	23,360	25.5	12.11	48.5
1948	23,800	20.53	9.74	20.96
1949	23,770	17.29	11.23	51.09
1950	24,000	10.5	10.79	33.3

Inquests were held regarding 9 deaths, 5 of which were inward transfers.

## SECTION B.

### General Provisions of Health Services in the Area

#### 1. Public Health Officers

The names, qualifications, of these are given at the beginning of the Report.

#### 2. Facilities

##### (a) Laboratory Facilities

The Biological Institute of Messrs. Evans Medical Supplies, Ltd., is established in Runcorn. The Institute can supply serum for cases of anthrax in emergency.

The Chester and District Hospital Management Committee have informed all general practitioners that they would be responsible for the supply of diphtheria antitoxin (free)—in emergency at the

Runcorn Victoria Memorial Hospital (Matron). In addition, it can be obtained at any general hospital. Supplies can also be obtained (in emergency) from any infectious disease hospital, e.g., Warrington and Davenham.

Practitioners may, if they wish, obtain a small stock from a hospital in anticipation of requirements rather than wait until they need it for a particular case.

Stock held by hospitals or practitioners should be returned three months before expiry date for exchange to the source of supply.

*In few diseases is prompt treatment as necessary as diphtheria.*

N.B.—Antitoxin should be given in all suspicious cases at once, *in the home or in the hospital. SWABBING IS ONLY AN AID TO DIAGNOSIS.* This is most important owing to the fall in the percentage of children immunised against diphtheria.

Swabs were examined at the Public Health Laboratory, Birkenhead, in addition, as required, the laboratories at Chester and Warrington, free of charge. (*This applies to all examinations carried out in the interests of Public Health.*)

Milk specimens are sent to the Public Health Laboratory, Hamilton Square, Birkenhead, for examination.

V.D. specimens are sent to the Public Health Laboratory Hamilton Square, Birkenhead; they may also be sent to the Public Health Laboratory, Manchester.

N.B.—The Public Health Laboratory, Manchester and Birkenhead, also the laboratories at the Warrington and Chester Royal Infirmarys, are available to examine and report on specimen swabs, etc., in the interests of preventive medicine.

## SECTION C

### Sanitary Circumstances

1. (i) WATER. The water supply consists of a mixture of soft water from Lake Vyrnwy and hard Runcorn Well Water.

Frequent tests are made of the water by the Council, and during the year 9 tests of Vyrnwy and 7 of mixed water were made, and 78 tests of Well water (which is under constant supervision).

The Report of the Analyst is: "That the water generally is free from organic pollution and is suitable for drinking purposes."

(ii) Ministry of Health Circular 2/50 requires the following information regarding water supplies in the area:—



- (i) Whether the water supply of the area and of its several parts has been satisfactory.
- (a) In quality .... Yes
- (b) In quantity .... Yes
- (ii) Where there is a piped supply whether bacteriological examinations were made of (i) the raw water and (ii) where treatment is installed, of water going into supply ; if so
- (a) How many ?.... Yes (i) 39 ; (ii) 55
- (b) The results obtained. Number of coliform organisms per 100 mls. .... Satisfactory
- (c) The results of any chemical analysis Satisfactory
- (iii) Where the waters are liable to have plumbo solvent action the facts as to contamination by lead, including precautions taken and number and result of analyses :—  
Report of Analyst does not indicate plumbo solvent action in any of the testings made.
- (iv) Action in respect of any form of contamination :—  
None.
- (v) Particulars of the number of dwelling-houses and the number of the population supplied from public water mains :—
- (a) Direct to the houses .... 6,938
- (b) By means of stand pipes .... 7

(i) DRAINAGE AND SEWERAGE.—Most of the sewers empty into one large intercepting sewer which passes under the Manchester Ship Canal at No Man's Land, and another sewer dips under the Ship Canal at the westerly boundary of the District and is discharged similarly into the Mersey estuary.

An additional length of sewer was laid at Weston Point during the year for the purpose of receiving storm water, which had on numerous occasions been the cause of flooding in that particular area.

The end in view has been satisfactorily realised. Other extensions in the district are proposed. (The Ministry is aware of the Council's "short- and long-term" policy.) Suitable action is required at an early date.

(ii) PUBLIC CLEANSING. The collection of house refuse is carried out by the Local Authority over the whole district on a weekly basis, and disposal is by tipping, *which should be "controlled"*. D.D.T., etc., should be used as required.

The collection of salvage material has developed considerably *during the year and should continue for some time as a national necessity.*



### (iii) Sanitary Inspection of the Area

The following tabular statement is furnished by the Senior Sanitary Inspector under Article 27 (18) of the Sanitary Officers' (Outside London) Regulations, 1935, or Article 19 of the Sanitary Officers' Order, 1936 :—

Inspections made for all purposes ....	5,353
Nuisances dealt with ....	1,024
Notices served (Informal, <i>re</i> 468 houses)	390

### Summary of Visits and Inspections

<i>Description</i>				
Bakehouses	....	...	....	55
Canal boats	....	....	....	153
Common lodging houses	....	....	....	13
Complaints	....	....	....	442
Cowsheds	....	....	....	10
Dairies and milk shops	....	....	....	58
Disinfections	....	....	....	201
Factories	....	....	....	97
Fish offals	....	....	....	10
Food shops	....	....	....	511
General shops	....	....	....	18
Houses inspected	....	....	....	608
Housing interviews	....	....	....	25
Ice-cream premises	....	....	....	121
Ice-cream testings	....	....	....	78
Infectious diseases enquiries	....	....	....	214
Infectious disease revisits	....	....	....	40
Licensed music halls	....	....	....	21
Manure middens	....	....	....	30
Middens and pail closets	....	....	....	8
Milk testings	....	....	....	131
Miscellaneous visits	....	....	....	182
Nuisance abatements (revisits)	....	....	....	1049
Offensive trades	....	....	....	7
Overcrowding visits	....	....	....	33
Owner-agents interviewed	....	....	....	193
Piggeries	....	....	....	11
Public conveniences	....	....	....	92
Refuse tips	....	....	....	59
Rodent control	....	....	....	72
School conveniences	....	....	....	25
Slaughterhouse	....	....	....	479
Smoke abatement	....	....	....	14
Tents, vans, etc.	....	....	....	52
Water closets and drains	....	....	....	103
Wasteland visits	....	....	....	26
Water samples (domestic)	....	....	....	94
Water samples (Baths—Bacteriological Chemical)	....	....	....	18
TOTAL				5353

#### (iv) Shops

During the year 529 inspections of shops were made and apart from a few minor contraventions, were found to be in a satisfactory condition in relation to ventilation, temperature and sanitary accommodation. Generally speaking the shops were found to be well kept.

The provisions of the Employment of Young Persons Act and the Shops (Closing Hours) Act, were observed fairly generally. It was not found necessary to take legal action under the Shops Acts.

#### (v) Smoke Abatement

Observations of factory chimneys were made, and visits to factories where representations were deemed to be necessary followed. Where the question of the emission of black smoke was involved, ready co-operation was offered by the management of factories concerned.

It was fairly obvious that the combustible used was a contributory cause of the nuisance; on the other hand the method of stoking left something to be desired; in such instances advice was given and this, generally speaking, was appreciated.

It was not deemed necessary for any legal action to be taken.

#### (vi) Swimming Baths

The Urban District Council maintains a Swimming Bath which is supplied with water partly from a spring and partly from the town's mains which is passed through a filtration plant charged with chlorine. It is tested for its purity and chlorine content at least twice a month during the season, and its physical characteristics are satisfactory. Daily checks are made for chlorine content by the Bath's Superintendent.

Eighteen samples of Bath's water were tested, and the Analyst reported on the fluctuations of the composition of the water at various times, e.g., when the load was heavier and the temperature consequently higher. Attention was immediately given to any adverse report and the process of chlorination adjusted as required.

Certain standard improvements are required structurally when labour and material are available.

#### (vii) Eradication of Bed Bugs

The following particulars are given of action taken for the eradication of bed bugs :—

			<i>Infested</i>	<i>Disinfested</i>
1. (a) Number of Council houses	....	....	6	6
(b) Number of other houses	....	....	15	15

2. The methods employed for freeing infested houses include application of strong vermicides and fumigants of high potency :

- |  |                |
|--|----------------|
| (1) Vermicine.   | (2) Zaldecide. |
| (3) Slatford Insecticide made by British Fumigants, Ltd. |                |
| (4) Gammexane.   | (5) D.D.T.     |

#### 4.—Schools

During the year 25 inspections of public elementary schools sanitary accommodations were made; with the exception of certain maintenance repairs which were notified to the several School Management Committees and which received attention, the general conditions were fairly good. It was, however, obvious that the playgrounds of some schools require remaking or reforming in order to prevent the accumulation of dust or the ponding of the surface. Attention also should be given to the installation of urinal accommodation with flushing arrangements at schools which are not provided with the latter facilities, that is permanent flushing arrangements. I have brought these matters to the notice of the managements concerned.

*Note by M.O.H.:* The County Medical Officer of Health, Cheshire, has reported direct to the Director of Education on the sanitary conditions of schools (in and outside).

#### 5.—Rodent Control

On the 1st June, 1948, the Council accepted delegation of the powers and duties of the County Council under the Rats and Mice Destruction Act, 1919, which Act eventually was repealed by the "Prevention of Damage by Pests Act, 1949". Private dwellings are treated by the Council free of cost to the owner-occupier. Contracts with business undertakings for the disinfestation and maintenance against rodents have been entered into by the Council with satisfactory results. During the year 1950, 145 disinfestations were dealt with, involving 1,005 visits; 927 rats and 573 mice were accounted for.

Premises dealt with were:

Business 69; Private Dwellings 58; Council Premises 18.

A treatment of sewers was carried out in May with satisfactory results; a further treatment in November revealed a heavy infestation which was dealt with most satisfactorily.



# **FACTORIES ACTS, 1937 and 1938**

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

<i>Premises (1)</i>	<i>M/c line No. (2)</i>	<i>Number on Register (3)</i>	<i>Number of</i>			<i>M/c line No. (7)</i>
			<i>Inspections (4)</i>	<i>Written Notices (5)</i>	<i>Occupiers Prosecuted (6)</i>	
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	45	58	14	—	1
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority ....	2	58	39	—	—	2
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .... ....	3	—	—	—	—	3
TOTAL .... ....		103	97	14	nil	



2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars  (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remedied (4)	Referred			
				To H.M. Inspector (5)	By H.M. Inspector (6)		
Want of cleanliness (S.1) ....	4	5	5	—	—	—	4
Overcrowding (S.2) ....	5	—	—	—	—	—	5
Unreasonable temperature (S.3) ....	6	—	—	—	—	—	6
Inadequate ventilation (S.4) ....	7	—	—	—	—	—	7
Ineffective drainage of floors (S.6) ....	8	1	1	—	—	—	8
Sanitary Conveniences (S.7) :	9	—	—	—	—	—	9
(a) insufficient ....	10	5	3	—	4	—	10
(b) unsuitable or defective	11	—	—	—	—	—	11
(c) not separate for sexes	12	3	3	—	1	—	12
Other offences against the Act (not including offences relating to Out- work) ....	60	14	12	—	5	—	60
TOTAL ....							

Number on Outworkers Lists : 5.

## SECTION D

### Housing

Number of inhabited houses in Urban District, 31st December, 1950	....	....	....	....	....	6,945
Density of houses (number of houses per acre)	....	....				2.35
Number of houses (new) erected during 1950						
By Local Authority	....	....	....	....	....	71
By other bodies or persons	....	....	....	....	....	8
Number of houses owned by Local Authority						
	permanent	513				
	prefab	80				
						593

#### I—Inspection of dwelling houses during 1950:—

1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .... 608
- (b) Number of inspections made for all purposes 1,149
2. (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Acts .... nil
- (b) Number of inspections made for the purpose .... nil
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .... nil
4. Number of dwelling houses (exclusive of those referred to under the previous sub-head) found not to be in all respects fit for human habitation .... 468

#### II—Remedy of defects during the year without the service of formal notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	....	....	....	231
---	------	------	------	-----

### III—Action under Statutory Powers during the year:—

#### (A) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ....	nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners ....	nil
(b) By Local Authority in default of owners	nil

#### (B) Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ....	110
(2) Number of dwelling-houses in which defects were remedied after service of informal notices:	
(a) By the owners ....	66
(b) By Local Authority in default of owners	51

#### (C) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made ....	nil
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ....	nil

#### 4. Housing Act, 1936—Part IV—Overcrowding

(a) (1) Number of dwellings overcrowded at end of year	34
(2) Number of families dwelling therein ....	51
(3) Number of persons dwelling therein ....	266
(b) Number of new cases of overcrowding reported during the year ....	1
(c) (1) Number of cases of overcrowding relieved during the year ....	10
(2) Number of persons concerned in such cases ....	47
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ....	nil



# ANNUAL REPORT OF CANAL BOAT INSPECTOR

The number of canal boats now visiting the area of the Runcorn Registration Authority has become less during the past year; the locally owned narrow boats in commission also are fewer; quite a large number of canal boats of varying description are now lying out of commission.

During the year, one hundred and fifty-one were visited, and generally speaking were found in a fairly good condition. Five boats were found to contravene the Canal Boat Regulations and the Public Health Act, 1936, in the undermentioned respect:—

Insufficient cooking facilities	....	1
Dilapidated Registration Certificates		2
Leaking decks and sides	.... ....	4
Painting required	.... ....	3
Defective water vessels	.... ....	2
Total	.... ....	12

Notices were served and the defects remedied.

Number of persons found on Canal Boats: Men 154; Women 80; Children 67.

The age group of children is herewith given:—

Age	1	2	3	4	5	6	7	8	9	10	11	Years
Number	1	6	10	4	7	5	8	5	14	3	4	Total—67.

There have been cancelled from the Registration record, during the year, 14 boats which have been destroyed or put to other usages.

The number still on our Register is 339 against 353 a year ago: undoubtedly many canal boats still registered are no longer in commission.

During the year one notifiable disease on a narrow boat has been reported, the patient having died from tuberculosis. The necessary preventive measures were taken.

It will be noted that a good percentage of women and children are still found on narrow boats; again, I stress the need for such new Regulations as will prescribe the provision of suitable sanitary accommodation on all narrow boats, and barges, and facilities for bathing purposes.



The question of education affects all families on boats throughout the length of the canals system. The constant moving from one place to another only allows for education of a piecemeal character.

The prevalent difficulty is not easy to overcome, particularly where the canal boat is the only home the family possesses: it is obvious that the only way children can be assured of an opportunity for a good sound education is their exclusion from the canal boat.

The Minister of Health, however, is fully aware of the position but no steps are being taken to remedy it. In accordance with Minute No. 1013/50 his attention was specifically drawn to this matter arising out of my last Annual Report but to no avail.

In the interests of canal boat dwellers, it is my opinion that a greater air-space is essential, and a more adequate storage of water for all purposes.

Only the drafting of new Regulations can effectively improve the conditions of this part of the community and contribute to their welfare.

## **SECTION E**

### **Inspection and Supervision of Food**

#### **(a) (i) Milk Supply**

There are eight cow keepers in the area of the Urban District, three of whom produce "accredited" milk under licence from the Cheshire County Council.

During the year ten visits were made to cowsheds and 58 visits to dairies.

There are on our register 60 retailers of milk, of whom 54 are registered to retail milk in bottles and 6 for the sale of loose milk; in addition there are 8 dairymen registered as wholesalers.

One dairy in the area is approved by the Ministry of Food for the Pasteurisation of Milk on the "Holder System".

#### **(ii) Milk Testing**

During the year under review 130 samples of milk were submitted for analytical report to the Public Health Laboratory at Birkenhead.

Sixty-one samples of milk delivered to the schools in the area were tested and, with the exception of one which failed the methylene blue test, were reported upon satisfactorily.

Of the remaining 69 testings 2 failed the methylene blue and phosphatase tests, and one the phosphatase test only.

The table below indicated the Reports of the Analyst of testings made during the year 1950—

Type	No. of Sample	Methylene Blue Test (Keeping Quality)			Phosphatase Test (Heat Treatment)			Tubercle Bacilli		
		Pass	Fail	% Satis- factory	Pass	Fail	% Satis- factory	Absent	Present	Turbid Satis- factory
Tuberculin Tested	—	—	—	—	—	—	—	—	—	—
Accredited	9	8	1	88.88	—	—	—	9	—	—
Tuberculin Tested (Pasteurised)	11	10	1	90.90	9	2	81.81	—	—	—
Pasteurised	81	80	1	98.76	80	1	98.76	—	—	—
Sterilised	5	5	—	100.	5	—	100.	—	—	5
Non-designated	24	24	—	100.	—	—	—	24	—	—
TOTAL	130	127	3	97.69	94	3	96.90	33	—	5

Where results were unsatisfactory, investigation and further sampling was carried out, when satisfactory results were obtained.

**(b) Milk (Special Designations) (Raw Milk) Regulations, 1949.**  
**Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.**

The number of licences granted under the above Regulations was 46, viz:—

Accredited Milk	....	....	Retailers Licence	....	2
			Supplementary Licence	....	2
Tuberculin Tested	....	....	Retailers Licence	....	2
			Supplementary Licence	....	1
Pasteurised Milk	....	....	Retailers Licence	....	3
			Supplementary Licence	....	1
Sterilised Milk	....	....	Retailers Licence	....	32
			Supplementary Licence	....	1
Tuberculin Tested Pasteurised	....	....	Retailers Licence	....	1
			Supplementary Licence	....	1

**Food and Drugs Act, 1938**  
**(1) (a) Inspection of Premises where food is prepared**  
Special attention was given during the year to the inspection of food shops. The adoption of Byelaws by the Council made under



Section 15 of the Food and Drugs Act, 1938, for securing the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food and the sale of food in the open air, was a measure taken to bring about such hygienic conditions in and about food shops as would lead to the protection of food against contamination. The work involved was considerable and was entered into by the Sanitary Inspectors very energetically. Five hundred and eleven visits were made to food shops, warehouses and factories; shop proprietors were found for the most part to be co-operative.

It became necessary, however, to issue informal notices in respect of 51 shops for the provision of facilities and the protection of food as prescribed by the Food Byelaws. At the close of the year 41 of the notices served had been complied with and the remaining were receiving due attention.

**(b) Ice-cream**

Inspections were regularly made of premises where ice-cream is manufactured also from which it is retailed. There are 62 premises registered for the sale of ice-cream and one for the manufacture of it. No serious contraventions were found therein.

**(c) Ice-cream Testings**

Seventy-one samples of ice-cream and seven ice-lollies were submitted to the Analyst for report, and the table herewith given indicates the substance of the same:

Testings of ice-cream	....	....	Satisfactory	....	....	70
„ „ „	....	....	Not satisfactory	....	....	1
„ „ ice-lollies	....	....	Satisfactory	....	....	7

Where results were unsatisfactory, investigation and further sampling was carried out, when satisfactory results were obtained.

**(d) Unsound Food**

Under the “Unsound Food Provisions,” the undermentioned articles of food were found to be unfit for consumption, on shop premises, and were condemned:—

Baby Food	....	2 pkts.	Fruit	....	....	12 tins
Barley Flakes	....	12 lbs.	Ice-cream blocks	....	....	426 small
Butter	....	50 lbs.	Meat	....	....	995 lbs.
Cake	....	18 lbs.	Meat (tinned)	....	....	276 lbs.
Cheese	....	6 lbs.	Milk (tinned)	....	....	65 tins

Choc. Malt Spread	23 pkts.	Peas	....	14 tins
Crispbread	.... 5 pkts.	Pears	....	56 lbs.
Dates	.... 83 lbs.	Pickles	....	23 bottles
Eggs (frozen)	.... 44 lbs.	Poultry	....	6 fowl
Figs	.... 6 lbs.	Preserves	....	5 tins
Fish (cured)	.... 36 lbs.	Pudding mixture		25 pkts.
Fish (tinned)	.... 13 tins	Rabbit	....	2 tins
Fish (wet)	.... 144 lbs.	Soup	....	10 tins
Flour	.... 4 lbs.	Vegetables	....	17 tins

## (2) (a) Slaughterhouse

The Council's slaughterhouse is still controlled by the Ministry of Food; the slaughtering of animals and the distribution of meat, both freshly killed and imported is organised for the supply of approximately 70 shops in the Urban and Rural Districts.

Whilst the slaughterhouse is *not* a modern building, it has been altered and adapted in such a manner as to meet the needs of the area as far as possible.

### (b) Slaughtering of Animals Act

The provisions of the above Act are stringently enforced and all persons engaged in the slaughter of animals are licensed for that purpose. During the year 14 applications for the renewal of licences were approved.

### (c) Meat Regulations

The Public Health (Meat) Regulations, 1924, are observed satisfactorily, and no legal proceedings on account of contraventions have been necessary.

The transport of meat is effected by means of insulated vehicles, and the provisions of the Act are well maintained.

## (3) Meat Inspection

The inspection of all animals killed is carried out by fully qualified inspectors.

Daily visits are made to the slaughterhouse, and no meat or edible offal is allowed to pass out until the decision of the inspector has been given.



Four hundred and seventy-nine visits were made for the purpose of meat inspection during the year 1950, and 14,088 animals were dealt with during the year.

(a) TABLE OF ANIMALS KILLED AND INSPECTED

<i>Type</i>	<i>Number</i>	<i>Under Tuberculosis Order, 1938</i>	<i>Emergency Slaughter</i>	<i>Total</i>
Bulls ....	56	—	5	61
Bullocks ....	860	—	2	862
Cows ....	1000	5	64	1069
Heifers .... Cow-Heifers	953	—	28	981
Calves ....	1488	—	14	1502
Sheep and Lambs	9392	—	45	9437
Pigs ....	153	—	23	176
TOTAL ....	13902	5	181	14088

(b) MEAT AND EDIBLE OFFALS CONDEMNED

The amount of meat and edible offals condemned was:—

For tuberculosis	....	....	....	10 tons	9 cwts.	0 qrs.	5 lbs.
For other causes	....	....	....	18 tons	9 cwts.	3 qrs.	5 lbs.

TOTAL: 28 tons 18 cwt. 3 qrs. 10 lbs.

### Carcases Inspected and Condemned

	<i>Cattle, excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed ....	1904	1069	1502	9437	176
Number inspected ....	1904	1069	1502	9437	176
All Diseases except Tuberculosis : Whole carcases condemned ....	3	11	23	7	2
Carcases of which some part or organ was condemned ....	940	345	5	396	15
Percentage of the No. inspected affected with disease other than Tuberculosis ....	49.47 %	33.30 %	1.86 %	4.27 %	9.65 %
Tuberculosis only : Whole carcases condemned ....	4	14	nil	nil	nil
Carcases of which some part or organ was condemned ....	170	394	nil	nil	6
Percentage of the No. inspected affected with Tuberculosis ....	7.24 %	26.37 %	nil	nil	3.41 %

A. DALE, Senior Sanitary Inspector and Meat and Food Inspector.

#### Adulteration, etc.

#### FOOD AND DRUGS ACT, 1938

I am indebted to the Chief Inspector of the Cheshire County Council for the following report of the work carried out by his department in the Runcorn Urban District under the Foods and Drugs Act during the year 1950.

Samples obtained during the year ended 31st December, 1950.

<i>Name of Sample</i>					<i>No. obtained</i>	<i>No. adulterated</i>
Aspirin tablets	....	....	....	....	1	—
Beef sausages	....	....	....	....	4	—
Brawn	....	....	....	....	1	—
Butter	....	....	....	....	2	—
Cooking fat	....	....	....	....	2	—
Cheese	....	....	....	....	2	—
Ice-cream	....	....	....	....	3	—
Jam, raspberry	....	....	....	....	1	—
Luncheon meat	....	....	....	....	1	—
Margarine	....	....	....	....	2	—
Meat paste, beef	....	....	....	....	1	—
Milk	....	....	....	....	39	2
Pork sausages	....	....	....	....	5	1
Saccharin tablets	....	....	....	....	1	—
TOTALS					65	3

### List of Samples Reported Against in the Runcorn Urban District year ended 31st December, 1950

<i>No.</i>	<i>Sample</i>	<i>Result of Analysis</i>	<i>Remarks</i>
1.	Pork Sausages	300 parts per million undeclared sulphur dioxide preservative	Retail sale from shop. Seller fined £2 and £1 1s. costs.
2.	Milk ....	6.6% deficient in fat ....	Retail sale of bottle of milk. Seller cautioned.
3.	Milk ....	7.4% of extraneous water	Retail sale. Seller fined £5 and £1 1s. costs.

### Shell-fish (Molluscan)

There are no shell-fish beds in the area. Shell-fish are on sale regularly in the District. If shell-fish, mussels or shrimps are eaten locally, they must be *well* cooked and should come from Government-controlled beds.

### Watercress

Only that grown on properly controlled beds with a pure water supply and labelled should be supplied, otherwise there is a danger of intestinal disease spreading.



## SECTION F

### Prevalence of and Control over Infectious and other Diseases

The prevailing varieties of notifiable disease during the year were mainly confined to measles and scarlet fever.

When further research reveals more about the virus causing, e.g., measles and whooping cough, sound curative sera could be made when these diseases could be controlled and eventually wiped out.

Further research is required into the "carrier" state of many diseases with a view to providing a cure for these (including animals), but preventive inoculation against typhoid fever and other diseases will be necessary for many years, where these diseases are likely to occur, or are prevalent; in addition proper hygiene and sanitation are an essential.

### Diphtheria Immunisation

My Council's free scheme was, up to 5th July, 1948, still available so that parents and guardians could have their children properly immunised against the deadly disease diphtheria, after this the free scheme continued under control of the Divisional Health Committee of the Cheshire County Council.

All children one to fifteen years of age, *preferably* between the *sixth and ninth month*, should be properly immunised against Diphtheria by two injections ; in addition, a "booster" dose (one) is required in five years' time. This can be obtained *free of cost* through the Parents' or Guardians' own Doctor in the Surgery ; also at Welfare Centres and Day Nurseries. Special clinics are organised at Schools as required. Application should be made at the Welfare Centres, Day Nurseries, Schools or to the Health Department (Divisional).

Propaganda on the above has been continuously carried out aided by the Press and the Central Council for Health Education, but still some children are found on admission to hospital to have not been immunised, and some have suffered from very serious complications as a result. *Parents or Guardians should face up to their responsibilities and have their children properly immunised at once:—"PREVENTION IS BETTER THAN CURE."*

### Prevention of Disease from Abroad

The Government, under the appropriate Acts, have a system of medical examination, etc., for those persons arriving in this country from abroad who have been in areas where serious infectious diseases has occurred. All contacts are medically examined, given written

and verbal instructions what to do if they feel ill, and the local Medical Officer of Health is notified of their arrival, and he arranges for the necessary supervision. It is strongly recommended that all infants and others should be properly vaccinated according to the law on the subject; this can be carried out free of charge through the patient's own doctor.

### **Ophthalmia Neonatorum**

Cases of this disease are notified immediately to the County and local Divisional Medical Officer of Health.

### **Cancer**

Under Section 76 of the National Health Service Act, 1946, Sections 1, 2 and 6 and sub-sections (2) and (3) of Section 8 of the Cancer Act, 1939, were repealed and the responsibility for the provision of an adequate Cancer Service was placed on the Minister and Regional Hospital Boards by Part II of the National Health Service Act of 1946.

Facilities for cancer diagnosis and treatment are available in all major general hospitals in the area and the radiotherapeutic work of the region is centred at the Liverpool Radium Institute. Follow-up clinics are undertaken at the Chester Royal Infirmary.

The area of the Runcorn Rural District Council and the Runcorn Urban District Council are within the area of the Liverpool Regional Hospital Board.

# ANALYSIS OF CASES OF INFECTIOUS DISEASE (OTHER THAN TUBERCULOSIS) NOTIFIED DURING 1950

Notifiable Diseases	Age Period—Years									Total Cases	Total Deaths	Cases moved to Hospital	Deaths in Hospital
	0—	1—	3—	5—	10—	15—	25—	45—	65 and over				
*Scarlet Fever ....	—	8	34	65	21	3	2	—	—	133	—	78	—
Whooping Cough ....	7	15	42	29	—	—	1	—	—	94	—	—	—
Acute Poliomyelitis:													
(a) Paralytic ....	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Non-Paralytic ....	—	—	—	—	1	—	—	—	—	1	—	1	—
Measles ....	4	55	61	36	3	—	—	—	—	159	—	—	—
Diphtheria ....	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia (Lobar or Influenzal) ....	—	—	—	—	5	—	9	6	2	22	—	—	—
Dysentery ....	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox ....	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis:													
(a) Infective ....	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Post-Infectious ....	—	—	—	—	—	—	—	—	—	—	—	—	—





# Runcorn Urban District

## TOTAL DEATHS, 1950

<i>Causes of Death</i>						<i>Males</i>	<i>Females</i>
All causes	....	....	....	....	....	153	106
1. Tuberculosis, respiratory	....	....	....	....	....	8	—
2. Tuberculosis, other	....	....	....	....	....	1	—
3. Syphilitic disease	....	....	....	....	....	—	—
4. Diphtheria	....	....	....	....	....	—	—
5. Whooping cough	....	....	....	....	....	—	—
6. Meningococcal infections	....	....	....	....	....	1	—
7. Acute Poliomyelitis	....	....	....	....	....	—	—
8. Measles	....	....	....	....	....	—	—
9. Other infective and parasitic diseases	....	....	....	....	....	—	—
10. Malignant neoplasm, stomach	....	....	....	....	....	4	4
11. Malignant neoplasm, lung, bronchus	....	....	....	....	....	5	—
12. Malignant neoplasm, breast	....	....	....	....	....	—	4
13. Malignant neoplasm, uterus	....	....	....	....	....	—	1
14. Other malignant and lymphatic neoplasms	....	....	....	....	....	16	13
15. Leukaemia, aleukaemia	....	....	....	....	....	2	—
16. Diabetes	....	....	....	....	....	1	2
17. Vascular lesions of nervous system	....	....	....	....	....	19	8
18. Coronary disease, angina	....	....	....	....	....	14	7
19. Hypertension with heart disease	....	....	....	....	....	3	1
20. Other heart disease	....	....	....	....	....	25	39
21. Other circulatory disease	....	....	....	....	....	10	7
22. Influenza	....	....	....	....	....	1	—
23. Pneumonia (Broncho)	....	....	....	....	....	4	4
24. Bronchitis	....	....	....	....	....	12	3
25. Other diseases of respiratory system	....	....	....	....	....	2	1
26. Ulcer of stomach and duodenum	....	....	....	....	....	2	—
27. Gastritis, enteritis and diarrhoea	....	....	....	....	....	1	1
28. Nephritis and nephrosis	....	....	....	....	....	—	1
29. Hyperplasia of prostate	....	....	....	....	....	—	—
30. Pregnancy, childbirth, abortion	....	....	....	....	....	—	—
31. Congenital malformations	....	....	....	....	....	3	3
32. Other defined and ill-defined diseases	....	....	....	....	....	13	5
33. Motor vehicle accidents	....	....	....	....	....	—	—
34. All other accidents	....	....	....	....	....	4	2
35. Suicide	....	....	....	....	....	2	—
36. Homicide and operations of war	....	....	....	....	....	—	—
(Registrar-General's figures)						—	—
TOTAL						153	106

Deaths of Infants under 1 year	{	Total	....	....	....	9	3
		Legitimate	....	....	....	9	3
		Illegitimate	....	....	....	—	—
LIVE BIRTHS	{	Total	....	....	....	193	167
		Legitimate	....	....	....	186	163
		Illegitimate	....	....	....	7	4
STILLBIRTHS	{	Total	....	....	....	7	4
		Legitimate	....	....	....	7	4
		Illegitimate	....	....	....	—	—

POPULATION (mid June, 1950)      ....      ....      .... Estimated 24,000

Comparability Factors: Births 0.99; Deaths 1.16

Classified Table of Cancer Deaths

Site				Age								Total	
				0-30		30-50		50-70		70 and over			
				M.	F.	M.	F.	M.	F.	M.	F.		
Bladder	....	....	....	....	-	-	-	-	-	-	-	1	1
Breast	....	....	....	....	-	-	-	2	-	2	-	-	4
Bronchial		....	....	....	-	-	1	-	3	-	1	-	5
Caecum	....	....	....	....	-	-	-	-	-	1	-	-	1
Colon	....	....	....	....	-	-	-	1	2	1	1	1	6
Jaw	....	....	....	....	-	-	-	1	-	-	-	-	1
Leg	....	....	....	....	-	-	-	-	1	-	-	-	1
Liver	....	....	....	....	-	-	-	-	1	1	3	1	6
Ovary	....	....	....	....	-	-	-	1	-	-	-	-	1
Oesophagus		....	....	....	-	-	-	-	1	1	1	-	3
Pancreas		....	....	....	-	-	-	-	1	-	-	-	1
Rectum	....	....	....	....	-	-	-	1	4	2	-	2	9
Stomach		....	....	....	-	-	1	2	2	1	1	-	7
Uterus	....	....	....	....	-	-	-	-	-	1	-	-	1
MALE DEATHS	....	....	....	....	-	-	2	-	15	-	7	-	Total
FEMALE DEATHS		....	....	....	-	-	-	8	-	10	-	5	47



# Birth-rates, Death-rates, Analysis of Mortality, Maternal Death-rates and Case-rates for certain Infectious Diseases in the year 1950

England and Wales, London, 126 Great Towns and 148 Smaller Towns (Provisional Figures based on Weekly and Quarterly Returns.)

	<i>Runcorn Urban District Resident Population (estimated mid-June 1950), 24,000</i>	<i>England and Wales</i>	<i>126 County Boroughs and Great Towns including London</i>	<i>148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)</i>	<i>London Adminis- trative County</i>
<i>Rates per 1,000 Population</i>					
<b>BIRTHS—</b>					
Live Births (360) ....	10.5	15.8	17.6	16.7	17.8
Still births (11) ....	0.45	0.37	0.45	0.38	0.36
<b>DEATHS—</b>					
All causes (259) ....	10.79	11.6	12.3	11.6	11.8
Typhoid and Paratyphoid (—) ....	0.00	0.00	0.00	0.00	0.00
Whooping Cough (—) ....	0.00	0.01	0.01	0.01	0.01
Diphtheria (—) ....	0.00	0.00	0.00	0.00	0.00
Tuberculosis (9) ....	0.37	0.36	0.42	0.33	0.39
Influenza (1) ....	0.04	0.10	0.09	0.10	0.07
Smallpox (—) ....	0.00	—	—	—	—
Acute Poliomyelitis (in- cluding polioencephalitis (—) ....	0.00	0.02	0.02	0.02	0.01
Pneumonia (8) ....	0.33	0.46	0.49	0.45	0.48
<b>NOTIFICATIONS (corrected)</b>					
Typhoid Fever (—) ....	0.00	0.00	0.00	0.00	0.01
Paratyphoid Fever (—) ....	0.00	0.01	0.01	0.01	0.01
Meningococcal infection(—)....	0.04	0.03	0.03	0.02	0.03
Scarlet Fever (133) ....	5.54	1.50	1.56	1.61	1.23
Whooping Cough (94) . ....	3.91	3.60	3.97	3.15	3.21
Diphtheria (—) ....	0.00	0.02	0.03	0.02	0.03
Erysipelas (6) ....	0.24	0.17	0.19	0.16	0.17
Smallpox (—) ....	0.00	0.00	0.00	—	—
Measles (159) ....	6.20	8.39	8.76	8.36	6.57
Pneumonia (22) ....	0.91	0.70	0.77	0.61	0.50
Acute Poliomyelitis (in- cluding polioencephalitis					
Paralytic (—) ....	0.00	0.13	0.12	0.11	0.03
Non-paralytic (1) ....	0.04	0.05	0.05	0.06	0.05
Food Poisoning (—) ....	0.00	0.17	0.16	0.14	0.25
<i>Rates per 1,000 Live Births</i>					
<b>DEATHS—</b>					
All causes under 1 year of age (12) ....	33.3	29.8 (a)	33.8	29.4	26.3
Enteritis and Diarrhoea under 2 years of age (—) ....	0.00	1.9	2.2	1.6	1.0
<i>Rates per 1,000 Total (Live and Still) Births</i>					
<b>NOTIFICATIONS (corrected)</b>					
Puerperal fever and Pyrexia (3)	8.08	5.81	7.43	4.33	6.03

## Maternal Mortality in England and Wales

<i>International List No. and cause</i>	<i>Rates per 1,000 Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>
651. Abortion with sepsis .....	0.09	7
650, 652. Other abortion .....	0.05	4
640-649, 670-678. Complication of pregnancy and delivery .....	0.54	
681. Sepsis of childbirth and the puerperium .....	0.03	
680, 682-689. Other complications of the puerperium .....	0.15	

(a) Per 1,000 related live births.

### TUBERCULOSIS

No person employed in the milk trade was found to be suffering from pulmonary tuberculosis, nor was it found necessary compulsorily to remove to hospital any person suffering from tuberculosis.

For the prevention of this disease, the following precautions should be noted:—

Proper food (see remarks in Appendix A), in addition, early diagnosis (X-ray, etc.), proper treatment, *thorough* disinfection of homes when cases go to sanatorium, separate rooms and utensils, frequent visits by health visitors, and as required by the Medical Officer of Health and sanitary inspectors. All new cases are specially investigated by me and reported to me as Divisional Medical Officer of Health (as required to H.M. Inspector of Factories). Close liaison is kept with the Chest Physician. Follow-up of contacts and the patients by the health visitor is carried out very thoroughly and action taken as required by myself and the Chest Physician (Divisional Health).

*In my opinion, all milk, especially for children, should be properly heat-treated (e.g., pasteurised or sterilised), failing this, heat-treated in the home.*

A reduction in cases of non-pulmonary (e.g., glands and joints) tuberculosis has occurred in both my Urban and Rural Districts, since proper heat-treatment has become more available.

*With proper veterinary control of cattle, proper housing conditions and food for the people: these will help to stamp out this terrible disease. Proper heat-treatment of milk not only kills tubercle bacillus, but other germs causing disease.*

A thorough disinfection (steam, etc.) of the house, clothing, etc., with a *thorough* “spring-clean” of the house when a case is admitted to a sanatorium or hospital, is essential. Isolation of contacts (especially children) is most essential, and every endeavour is made to do

this. B.C.G. injections are given by the Chest Physician in suitable cases. Chalets and extra beds and bedding are supplied as and when required.

Medical officers in charge of industrial hygiene, etc., Factory Inspectors, form a valuable liaison in preventing and ascertaining the cause of tuberculosis (e.g., dust, working conditions, disinfections, cleanliness, etc.). The Public Health Act, 1936, Section 287, proves useful to the Medical Officer of Health (and sanitary inspectors) allowing power of entry to any premises for the general purpose of the Act, in conjunction with those concerned.

## TUBERCULOSIS

### New Cases and Mortality during 1950

AGE PERIODS Years	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0- ....	—	—	—	—	—	—	—	—
1- ....	—	—	—	—	—	—	—	—
2- ....	—	—	—	—	—	—	—	—
5- ....	—	—	2	1	—	—	—	—
10- ....	—	1	—	—	—	—	—	—
15- ....	1	1	—	—	—	—	—	—
20- ....	1	2	—	—	—	—	—	—
25- ....	—	1	—	—	2	—	—	—
35- ....	—	2	—	—	—	—	—	—
45- ....	2	2	—	—	2	—	—	—
55- ....	1	—	—	—	2	—	1	—
65- ....	1	—	—	—	1	—	—	—
75 and upwards	1	—	—	—	1	—	—	—
TOTALS	7	9	2	1	8	—	1	—



**Ten Years' Table of Notifications and Deaths from Tuberculosis**  
**(a) Pulmonary Tuberculosis**

<i>Year</i>				<i>Cases Notified</i>		<i>Deaths</i>	
				<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
1941	....	....	....	8	6	5	3
1942	....	....	....	14	8	7	3
1943	....	....	....	7	2	6	4
1944	....	....	....	7	6	2	4
1945	....	....	....	7	10	4	5
1946	....	....	....	6	5	6	5
1947	....	....	....	12	9	7	—
1948	....	....	....	12	4	4	2
1949	....	....	....	6	2	4	5
1950	....	....	....	7	9	8	—
TOTALS			....	86	61	53	31

**Ten Years' Table of Notifications and Deaths from Tuberculosis**  
**(b) Non-Pulmonary Tuberculosis**

<i>Year</i>				<i>Cases Notified</i>		<i>Deaths</i>	
				<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
1941	....	....	....	1	3	—	1
1942	....	....	....	3	2	1	1
1943	....	....	....	—	4	1	—
1944	....	....	....	2	6	—	1
1945	....	....	....	2	1	—	—
1946	....	....	....	—	2	—	—
1947	....	....	....	5	1	2	1
1948	....	....	....	1	2	1	—
1949	....	....	....	8	4	—	2
1950	....	....	....	1	—	1	—
TOTALS			....	23	25	6	6

## IMPORTANT

### THE COMMON SENSE PREVENTIVE MEASURES AGAINST DISEASE

- (1) **CLEANLINESS.** (a) This **must** be thorough in or around the house, kitchen, shop, larder, etc. (This also applies to feeding bottles and teats.)

**WHY?** Where these are **absolutely** clean there are few, if any, disease germs. Feeding bottles and teats **must** be thoroughly washed and boiled prior to use. If in doubt ask your Public Health Department, Welfare Centre, Health Visitor, or District Nurse.

(b) This also applies to those who handle and cook food, especially the hands and nails.

**WHY?** Dirt (with disease germs) may be on the hands or **under the nails** and so spread disease germs to food; **always** thoroughly wash the hands **and clean under the nails** after using the lavatory.

- (2) **DESTRUCTION OF FLIES, RATS AND MICE.**

(a) **FLIES:** Any dirt, faeces, manure, etc., **in which flies breed** must be disposed of quickly and thoroughly (burying and **well covering** these with earth is one of the best ways). Flies should be destroyed by, e.g., fly sprays, fly swats, fly papers, etc., and food larders, pail closets, and bins **must** be fly proof. Food **must** be protected from dust, dirt, flies, rats and mice, and kept in a cool well ventilated place. Disinfectant solution **must** be used **to cover** contents in pail closets.

**WHY?** Flies **carry** disease germs (in and on their bodies) from all kinds of dirt to food, and so spread diseases.

(b) **RATS AND MICE:** For the destruction of these ask your chemist; failing this your Sanitary Inspector (who is also the Rodent Officer).

**WHY?** Rats and mice breed in all kinds of dirt, and like flies carry disease germs to food (and water).

- (3) **FOOD** should be **properly** heat treated; this applies especially to the manufacture of ice cream, the cooking of shell-fish, and the pasteurisation and sterilization of milk. Where milk is not pasteurised or sterilized I recommend that this is boiled at home.

**WHY?** By proper heat treatment, any disease germs present are destroyed. This applies to all kinds of food, including ice cream, shell-fish and milk.

- (4) **WATERCRESS** must be obtained from properly controlled beds, that is, where pure water is supplied; **this with lettuce and fruits** without a fairly thick outside coat, should be thoroughly washed in a weak Condyl's solution and then rinsed with pure water before being eaten.

**WHY?** Watercress can carry disease germs on it; this also applies to lettuce and fruit.

- (5) **DRIED EGGS AND DRIED MILK** must be kept in a cool place, and when the package is opened it should be used up quickly.  
WHY? These are good foods, but if the containers are left open to the air too long (e.g., over two days) germs can grow in them and so spread disease.
- (6) **ALL WATER FOR DRINKING, DIETETIC OR DAIRY PURPOSES** should be from a pure supply; if in doubt as to its purity, boil it well for small quantities, or chlorinate it for large quantities—see instructions on bottles obtainable from most chemists. **Do not bathe in rivers**, etc., which may be sewage polluted.  
WHY? Water, if impure, can have disease germs in it; boiling or chlorination kills disease germs. If you bathe in rivers, canals, etc., which may be sewage polluted, you may swallow disease germs.
- (7) **CONSTIPATION.** This *must* be avoided, for example, by eating sufficient roughage food, e.g., whole-meal bread and vegetables also by keeping the stomach muscles strong and healthy by games and P.T. exercises. If in doubt see your own doctor.  
WHY? If constipated foul matter remains too long in the lower bowel so poisoning the blood and also holding disease germs in the bowel which may infect the body. Many diseases might be traced to chronic constipation.
- (8) **TO AVOID SPREADING “COLDS IN THE HEAD”, INFLUENZA**, etc. Use a handkerchief when you cough or sneeze.  
WHY? A handkerchief acts as a screen and so catches disease germs from the nose and throat. Disinfect and boil handkerchiefs well prior to washing. Wet feet, wet clothes, and draughts cause chilling of the body and so render it more liable to disease.
- (9) **PROTECTIVE INJECTIONS AGAINST DIPHTHERIA, SMALL-POX**, etc. See that all (especially young children) have these as required.  
WHY? By these injections the body is more fully protected against dangerous diseases. If in doubt ask your own doctor, Medical Officer of Health, Welfare Centre, Health Visitor, or District Nurse.
- (10) **PROPER DISINFECTION OF HOUSES**, etc. After any serious disease in a house, etc., see that this is carried out (ask your Public Health Department, Sanitary Inspector), **also a thorough “spring-clean”**. The latter would be sufficient in less serious diseases such as influenza, measles and whooping cough.  
WHY? By this disease germs are destroyed or washed away and so cannot infect others.
- (11) **ISOLATION OF CONTACTS OF INFECTIOUS DISEASE.** Carry out thoroughly what is recommended on the special pamphlet issued by the Medical Officer of Health when patients are sent to hospital or nursed at home.  
WHY? By so doing disease germs are less likely to spread. If in doubt ask your own doctor or Public Health Department (e.g., your Sanitary Inspector).
- (12) **DEFECTIVE TEETH.** See your dentist if your teeth are bad or septic; better still see him as a routine every six months.  
WHY? If your teeth are bad or septic the chewing powers are not good and so all kinds of indigestion may arise. Septic teeth (and gums) lead to poisoning of the blood and so to various diseases.



(13) THE PREVENTIVE FOODS. Eat some of these daily in your daily diet, which **must** be properly cooked, varied, **and** flavoured.

WHY? The preventive foods (i.e., those which help the body to prevent disease) are:—

Milk and eggs (dried or ordinary);  
Cheese;  
Fresh vegetables and fruit (cooked or in salads);  
Animal fats, e.g., fish (especially herrings), and butter;  
Margarine (vitaminised).

These all contain valuable substances called **vitamins** which are **essential** to good health. If in doubt ask, e.g., your Health Visitor or School Teacher, failing this your doctor.

When the above cannot be obtained, various additional vitamins, e.g., rose hip juice (vitamin C), vitamin C tablets, wheatgerm (vitamin B), cod and halibut liver oil (vitamins A and D), and other vitamins can be obtained from your own doctor if he agrees these are required. They can also be bought at the various chemists and shops. Without the proper amount of vitamins taken daily, the body is more open to attack by disease germs.

#### GENERAL

- (1) Anyone feeling ill should see their own doctor (better still, as a routine, see him once a year)—though with the above common-sense precautions there should be little danger of contacting or spreading disease.
- (2) ASK FOR MORE OF THESE PAMPHLETS AS REQUIRED FROM YOUR MEDICAL OFFICER OF HEALTH. Have discussion groups, lectures and films on health education. Attend the official classes on personal hygiene given by, e.g., the Red Cross Society, St. John Association, Scouts and Girl Guides—these organisations have excellent little books on the subject. Always carry out these common-sense preventive measures and *tell others about them*.
- (3) Good health mostly depends on YOU—your co-operation is essential.

“WHERE THERE IS DIRT THERE IS DISEASE”

E. N. HILLMAN GRAY, L.R.C.P.&S., L.M., D.P.H.

Medical Officer of Health, Runcorn Urban & Rural Districts.  
Divisional Medical Officer and School Medical Officer.

#### PUBLIC HEALTH DEPARTMENTS:

1. Town Hall, Runcorn.
2. Castle Park, Frodsham.

N.B. PLEASE KEEP THIS PAMPHLET FOR EASY REFERENCE

*Appendix “ B ”*

CHESHIRE COUNTY COUNCIL

RUNCORN DIVISIONAL HEALTH COMMITTEE

REPORT  
FOR THE YEAR  
1950

By the

DIVISIONAL MEDICAL OFFICER OF HEALTH

Presented to the  
Runcorn Divisional Health Committee  
20th March, 1951

# MEMBERS OF THE RUNCORN DIVISIONAL HEALTH COMMITTEE

**Chairman:**  
COUNCILLOR C. EVANS

**Vice-Chairman:**  
COUNCILLOR J. HUNT

## **Representatives of Local Health Authority**

A'derman G. ASTBURY, J.P. (Chairman, County Health Committee)  
,, Dr. W. N. LEAK (Vice-Chairman, County Health Committee)  
,, W. A. GIBSON, J.P.  
,, W. GITTINS, J.P.  
Councillor H. HUGHES, C.C.  
,, A. E. MOORS, C.C.  
,, J. D. WHITLEY, C.C.

## **Runcorn Rural District Council Representatives**

Councillor Mrs. E. STANSFIELD, J.P.	Councillor E. G. WHITE
,, C. WILKINSON	,, G. S. WALLWORTH, J.P.
,, J. A. HUTCHINSON	,, G. WILLIAMS
,, H. JACKSON	,, W. S. LOOKER

## **Runcorn Urban District Council Representatives**

Councillor T. B. SHALLCROSS	Councillor C. C. POSNETT, C.C.
,, E. C. BROOKER, J.P.	,, T. WHITBY, J.P.
,, H. GOODALL, J.P.	,, A. WOOD

## **Co-opted Members**

Mr. W. H. STUBBS, Chester and District Hospital Management Committee  
Mr. A. JONES, Runcorn Divisional Executive for Education  
Dr. C. E. W. BOWER, Local Medical Committee for the County Palatine of Chester  
Dr. E. WARDLE, National Health Service, Local Dental Committee  
Mrs. W. HILL, Cheshire County Nursing Association  
Mrs. N. EVANS  
Mr. E. EARLAM  
Mr. W. RICHARDSON

## **Officers**

*Clerk to the Committee:* Mr. T. J. LEWIS

*Divisional Medical Officer:* E. N. HILLMAN GRAY, L.R.C.P.&S., L.M., D.P.H.



**CHESHIRE COUNTY COUNCIL  
RUNCORN DIVISIONAL HEALTH COMMITTEE**

**ANNUAL REPORT OF THE  
DIVISIONAL MEDICAL OFFICER OF HEALTH  
FOR THE YEAR 1950**

**INTRODUCTION**

TO THE CHAIRMAN AND MEMBERS OF THE  
RUNCORN DIVISIONAL HEALTH COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present this my second Annual Report dealing with those portions of the Sections of Part III of the National Health Act, 1946, for which this Committee is responsible.

The report is sub-divided into the various sections of the Act and gives details of the work carried out during the year.

**Child Welfare.**—In connection with child welfare, in addition to the official welfare centres, day nursery, etc., available for all concerned, there are many representative voluntary organisations concerned with this very important subject—for further information enquiries should be made at the Divisional Health Department.

**Family Planning Association** (for marriage guidance, etc.—strongly recommended).—Some of the voluntary clinics in the north are, e.g.:—

†LIVERPOOL MOTHERS' WELFARE CLINIC, 9 Gambier Terrace, Liverpool, 1.—Wednesdays, Thursdays and Fridays, 2 to 3 p.m.

BRANCH CLINICS:—

\*†Liverpool, 4.—294 Netherfield Road. Thursdays, 10.30 to 11.30 a.m.

\*†Liverpool, 11.—Community Council Hall, Townsend Avenue. Monday, 2 to 3 p.m.

\*†Liverpool, 21.—Linacre Methodist Mission, Linacre Road, Litherland. Fridays, 2 to 3 p.m.

At clinics marked \* every patient is seen by a doctor.

At clinics marked † pre-marriage advice is given.

**Smallpox.**—Owing to the danger of serious cases of smallpox arriving in this country from abroad, all concerned are advised they should be vaccinated.

**Immunisation.**—*Diphtheria immunisation* proves again and again everywhere in the world its wonderful powers to prevent this deadly disease; *all children*, preferably between the sixth and ninth month, must be properly immunised, with a further dose in just under five years' time; this can be obtained free of cost under the Divisional Health Committee Scheme from their own doctors or at the welfare centre, day nursery or school.

### *PREVENTION IS BETTER THAN CURE.*

From the number of notifications received during the year for children who had been vaccinated against smallpox and immunised against diphtheria, it would appear that there has been a distinct fall in the percentage of children so protected. Remarks on this serious aspect of preventive medicine are made later in my report.

Every endeavour will be made to ensure that the high percentage of children vaccinated and immunised in the past is maintained in future years.

### **Ambulance and Transport Service**

The temporary ambulance and transport service has continued during the year, and for a temporary service this has worked fairly satisfactorily, but it is sincerely hoped that at an early date a permanent service will be established for the Division.

### **Prevention of Illness, Care and After-care**

In connection with the prevention of illness, care and after-care, much work has been carried out during the year, especially with tuberculosis patients. All cases on the registers have been visited by the health visitors, and up-to-date report sheets completed. The care and after-care of these patients, and also other cases of illness, will be further pursued.

**Accidents.**—Insufficient attention is given to the prevention of accidents, especially in young persons, which could be avoided by common-sense methods; voluntary societies and school authorities can help in this important matter with suitable lectures and discussion groups at frequent intervals. The Citizens' Advice Bureaux (Chester and Warrington) can advise where specialist lectures can be obtained.

**Research.**—Further medical and veterinary research (in addition, research on the virus diseases in plants, animals, etc.) may solve the question of the cause and spread of the diseases caused by viruses; especially the serious disease anterior poliomyelitis (infantile paralysis).



Intensive research is being carried out by the Ministry of Health to ascertain whether german measles (rubella) occurring in pregnant women may cause malformations, etc., in the new-born. (It is interesting to note that most tropical diseases have a cure, *due mostly to intensive research*, i.e., find the cause.) Research *must* proceed “behind the scenes” so that the cause and eventually the prevention and cure of all diseases will result. Further facilities in the investigation of infectious disease and disease generally is recommended, e.g., by pathological *overhauls*. A *FULL* examination of the blood is “a mirror of the health” of the individual and is insisted on by, e.g., some insurance companies in the United States.

### **Health Education**

A pamphlet on the “*Commonsense Preventive Measures Against Disease*” is issued as required to all concerned via voluntary societies, health visitors, district nurses, midwives, and sanitary inspectors; it has proved most useful and instructive, especially where discussion groups, lectures, etc., have been arranged on the subject. (See Appendices to Annual Reports Runcorn Urban District Council and Runcorn Rural District Council, 1950.)

**Hostel Accommodation** (e.g., for elderly persons who can look after themselves) and **Convalescent Treatment** (N.B., children), can be arranged for through the Divisional Medical Officer of Health where beds are available and parents or guardians are prepared to pay a weekly amount based on an official “means test”.

A close liaison has been kept with doctors, consultant chest physicians, health visitors and district nurses in the day-to-day administration of the various sections of the Act, and I am most grateful for the help they have afforded me at all times.

### **Domestic Help Service**

The Domestic Help Service is being used more and more each year, especially in cases of old people living on their own where they are unable to keep their homes clean. In each case an enquiry is made as to whether relations can help, or someone could be asked to live in, so helping the housing shortage, and only where a help is essential is this optional service granted, and then only on a “means test”.

My thanks are due to the Chairman and Members of the Divisional Health Committee for their support and help to me on all occasions.

The co-operation and assistance of the County Medical Officer and his staff, the Clerk to the Divisional Health Committee, and also



the staff of my Divisional Health Office, has been greatly appreciated by me in the carrying out of my various duties.

I beg to remain,

Your obedient Servant,

E. N. HILLMAN GRAY.

28th February, 1951.

## SECTION 22

### CARE OF MOTHERS AND YOUNG CHILDREN

There are six Welfare Centres in the Division, situated as follows:—

Village Hall, Antrobus;  
Trinity Church House, The Rock, Frodsham;  
Methodist Sunday School, Grappenhall;  
Cable Works Recreation Room, Helsby;  
29 High Street, Runcorn;  
65 Whitefield Road, Stockton Heath.

It is proposed to open a Welfare Centre at Kingsley in the near future to cover the parish of Kingsley and the surrounding district.

There is one day nursery in the Division, situated in Okell Street, Runcorn.

Attendances at the various clinics held at the Welfare Centres and the day nursery are given in the tables at the end of this section.

Periodic visits were made to the Welfare Centres and the day nursery and action taken regarding any matters requiring attention.

Work has not yet commenced on the conversion of the two houses "Aulderwood" and "Rydal Mount", Halton Road, Runcorn, to an all-purposes Welfare Centre for Runcorn. It is hoped that this work will be allowed to proceed at an early date.

#### Attendances at welfare centres and day nursery

The following are the yearly figures of attendances at the clinics and day nursery:—

A. MOTHERS' CLINIC					<i>New Cases</i>	<i>Total Attendances</i>
Ante-natal	....	....	....	....	270	952
Post-natal	....	....	....	....	32	41
Dental:—						
Pre-natal	....	....	....	....	13	22
Nursing mothers	....	....	....	....	4	19
Dentures supplied	....	....	....	....		8

## B. YOUNG CHILDREN'S CLINICS

(i) <i>Infant welfare</i>				<i>New Cases</i>	<i>Total Attendances</i>
To 1 year	....	....	....	565	6548
1 to 5 years	....	....	....	58	2416
(ii) <i>Specialist</i>					
Ophthalmic	....	....	....	20	124
Dental treatment (under 5)	....	....	....	63	64
E.N.T. (under 5)	....	....	....	3	3

## B. (i) Welfare Centres

				<i>New Cases</i>		<i>Total Attendances</i>	
				<i>0-1</i>	<i>1-5</i>	<i>0-1</i>	<i>1-5</i>
Antrobus	....	....	....	14	3	116	173
Frodsham	....	....	....	68	11	527	375
Grappenhall	....	....	....	105	9	1298	505
Helsby	....	....	....	45	3	716	302
Runcorn	....	....	....	227	18	2455	767
Stockton Heath	....	....	....	106	14	1436	294
Totals	....	....	....	565	58	6548	2416

## B. 1 (ii) Ophthalmic Clinics

							<i>New Cases</i>	<i>Total Attendances</i>
Frodsham	....	....	....	....	....	4	20	
Runcorn	....	....	....	....	....	9	74	
Stockton Heath	....	....	....	....	....	7	30	
Totals						20	124	

## E.N.T. Clinic

				<i>New Cases</i>	<i>Total Attendance</i>
Frodsham	....	....	....	—	—
Stockton Heath	....	....	....	3	3
Totals	....	....	....	3	3

## (iii) Day Nursery, Runcorn

				<i>Average No. Attending</i>	<i>Total Attendances</i>
Age 0-2 years	....	....	....	9	2304
2-5 years	....	....	....	24	6175

The day nursery, Runcorn, is staffed by a matron, sister, three full-time nursery assistants, two part-time nursery assistants, two student nursery assistants, two domestic staff and one handy-man and is well attended. It supplies an excellent service for, e.g., mothers who are working.

## SECTION 23 — MIDWIFERY

Under this section the Committee are responsible for:—

- (i) Provision, where necessary, of accommodation for midwives and the maintenance, repair and alterations required for such premises.
- (ii) Provision of transport for midwives when necessary in cases of emergency.

In 1949, No. 10 Stanley Villas, Runcorn, was converted into two flats and accommodation provided for a midwife and health visitor. This is the only property in the Division, occupied by a county midwife, for which this Committee is responsible.

During the year an inspection of the premises was made by the General Purposes Sub-Committee, and any repairs requiring attention were dealt with.

Transport and medical requisites have been provided as required.

## SECTION 24— HEALTH VISITING

The Committee are also responsible for housing accommodation for health visitors, but with the exception of the health visitor residing in the flat at No. 10 Stanley Villas, Runcorn, all other health visitors in the Division reside in property under arrangements made by themselves and for which this Committee have no responsibility with regard to repairs, etc.

## SECTION 25 — HOME NURSING

All district nurses, with the exception of the nurse for Stockton Heath, reside in county-owned or rented property.

The Stockton Heath district nurse is living in rooms and numerous enquiries were made with a view to finding suitable accommodation, but without success.

The plot of land which the Committee recommended in 1949 should be acquired for the erection thereon of a detached house was not available for building purposes, and during the year an alternative site in Fairfield Gardens, Stockton Heath, was inspected by the General Purposes Sub-Committee, and recommended to the County Council the acquisition thereof for erection thereon of a house for the district nurse.

It is hoped that the purchase of this land will be completed at an early date, and a commencement made on the building of the house.

All other properties occupied by district nurses were inspected by the Sub-Committee during the year, and any urgent matters requiring immediate attention were dealt with. Major alterations and repairs were referred to the County Architect for tenders to be obtained and to be dealt with as soon as possible.



SECTION 26 — VACCINATION AND IMMUNISATION

The percentage of children under 5 years immunised against diphtheria in the Division has fallen to a dangerously low level during the year—52%—and every effort is being made to ensure that as many children as possible are protected against this disease which can cause death or serious after-effects, e.g., heart trouble, etc.

The percentage of children under 1 year vaccinated against smallpox in the Division is 32%.

A register is maintained of all births in the Division and if no record is received that a child has been vaccinated at the age of 6 months, a letter is sent to the parents strongly advising them to have their child vaccinated. A similar course is also taken regarding immunisation when the child is one year of age, in the case of those in whom immunity has not been carried out at 6-9 months.

Immunisation against whooping cough is also available under the Cheshire County Council Scheme.

Health visitors also advise mothers to have their children vaccinated and immunised.

Through posters, pamphlets, Central Office of Information films, the B.B.C. and the Press, all concerned, especially parents and guardians, have been reminded of their duty as regards this important matter.

A special immunisation session is held at the Welfare Centre, Runcorn, at 2.30 p.m. on the first Thursday of each month. As soon as possible clinics will be held in schools, if sufficient names are forthcoming.

The number of vaccinations and immunisations carried out during the year is as follows:—

Vaccination

	<i>At Clinics</i>	<i>Doctor's Surgery</i>	<i>Patient's Home</i>	<i>Total</i>
Primary ....	68	356	69	493
Re-vaccination ....	4	101	10	115

Immunisation—Primary

<i>Type</i>	<i>At Clinics</i>	<i>Doctor's Surgery</i>	<i>Patient's Home</i>	<i>Total</i>
Diphtheria ....	120	174	24	318
Whooping cough ....	2	—	—	2
Combined whooping cough and diphtheria ....	73	186	10	269

### Immunisation—Reinforcing injection

Diphtheria	....	....	....	—	67	3	70
Whooping cough		....	....	—	—	—	—
Combined whooping cough and diphtheria	....	....	....	—	1	—	1

## SECTION 27 — AMBULANCE AND TRANSPORT SERVICE

The scheme in force in the Division for this service is a temporary one, arrangements having been made with private firms throughout the Division to supply ambulances and cars to convey patients to hospitals, etc.

A permanent service for this Division is required at an early date.

The arrangements made with the Chester and District Hospital Management Committee for the part-time services of Mr. Price to drive ambulance FLG 492, owned by the Cheshire County Council terminated on the 31st March, 1950. Authority was obtained for the garaging of this vehicle at the Recovery Hospital, Dutton, and arrangements made with Messrs. Hazlehurst Bros. for driving and maintenance.

The arrangements between the County Council and the Warrington Corporation whereby the latter supplied ambulances for the conveyance of patients from Stockton Heath and the surrounding district was continued throughout the year.

Arrangements were also made with the Warrington Corporation for the conveyance of infectious disease cases.

Where it is necessary for a patient to travel a considerable distance outside the County, whenever possible arrangements are made with the Railway Executive for a special compartment to be reserved on the train and an ambulance provided to convey the patient from his/her home to the nearest railway station on a direct line. Arrangements are also made with the distant authority for an ambulance to meet the train on arrival to convey the patient to his/her destination.

This mode of travel is usually found to be more comfortable and quicker than the patient making the journey all the way by road, and is also cheaper.

During the year three patients were conveyed to Glasgow, Felixstowe and Bath under the above arrangements.



During the year the Cheshire County Council recommended that the Clifton Garage, Runcorn, be obtained by compulsory purchase for the purpose of establishing a permanent ambulance service for the Division. After a public enquiry this was not agreed to by the Minister of Health.

Further action is being taken to obtain a suitable site for building. Details of journeys made during the year are as follows:—

(1)			(2)	(3)	(4)	(5)	(6)
			<i>No. of Vehicles 31.12.50</i>	<i>Total No. Journeys 1950</i>	<i>Total No. Patients Carried 1950</i>	<i>No. of Accident and Emergency calls included in Column 3 1950</i>	<i>Total Mileage 1950</i>
A.	DIRECTLY PROVIDED SERVICE	Ambulance	1	86(-)*	103(-)*	52 (-)*	2510(-)*
		Cars	—	— (-)*	— (-)*	— (-)*	— (-)*
B.	AGENCY SERVICE (Red Cross, works regular contract firms)	Ambulance	5	749	800	610	25034
		Cars	6	2811	3838	622	78864
C.	SUPPLEMEN- TARY SERVICE (Hospital car service, Taxi firms cars)	Ambulance	—	—	—	—	—
			—	1786	2070	258	45305
D. Number of drivers available 31.12.50 for voluntary Car Services included in C above—NIL.							

\* Figures in brackets specify the number, NOT included in the figure preceding the brackets, attributable to those persons picked up outside *or inside* the administrative county, who are chargeable to other local health authorities.

## SECTION 28

### PREVENTION OF ILLNESS, CARE AND AFTER-CARE

#### Tuberculosis

During 1950, as agreed to by the chest physicians, all cases appearing on the register have again been visited by the health visitors, and report sheets completed.

The health visitors are informed of all new cases and are asked to visit and complete the environmental report sheet, and where the contacts of the patients have not attended the dispensary for examination, they are advised to do so. A copy of the report sheet is forwarded by me to the consultant chest physician, together with my observations on the case.



Visits are made to homes by me as and when required, also by the chest physician.

When a patient is admitted to hospital, arrangements are made for a full disinfection of the premises to be carried out.

All patients are advised to occupy a separate bedroom, or where this is not possible, a separate bed. Where the housing conditions of the patient are bad, or overcrowded, these cases are given my careful consideration, and in my capacity as Medical Officer of Health to the Local District Councils, I recommend extra points be allocated for rehousing.

I am pleased to be able to report that both the Urban and Rural District Councils have given their sympathetic consideration to the rehousing of these cases. From the 5th July, 1948, to 31st December, 1950, 34 cases have been rehoused.

During the year the issue of a garden chalet was recommended for a patient living in the rural area of the Division.

Details of cases since the 5th July, 1948, to 31st December, 1950, are as follows:—

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
(a) Total number of cases on register:					
5th July, 1948 ....	120	81	59	56	316
31st December, 1950 ....	131	97	54	57	339
(b) Removals from register, 5th July, 1948, to 31st December, 1950:					
Died ....	23	11	5	3	42
Left district ....	13	14	6	4	37
Lost sight of ....	2	—	1	1	4
Recovered ....	3	3	4	5	15
Colonised at Wrenbury	2	—	—	—	2
	43	28	16	13	100
(c) Number of notifications received 5th July, 1948, to 31st December, 1950:					
New cases ....	41	33	11	13	98
Transfers ....	10	9	—	1	20
Restored to register ....	3	2	—	—	5
	54	44	11	14	123

Of the number of contacts (160) of tuberculous patients referred to the chest clinics for examination, 4 were found to be suffering from pulmonary tuberculosis.

## **Care of the Aged**

The care and after-care of old people living on their own is becoming more and more a difficult problem, but in conjunction with general practitioners, assistance has been given to have cases admitted to a suitable hospital or hostel, or where this has not been possible, the provision of a domestic help, and a visit by the district nurse.

Whenever there are relations and friends, contact is made with them, if required, so that they can be reminded of their responsibility in the care of the old people and more help can and should be given by relatives in many cases.

As previously mentioned, patients are encouraged to arrange for someone to live in whenever possible and practicable.

The "Over 60" Club in Runcorn does very good work in the care of old people and their work could, with advantage, be copied elsewhere in the Division. In addition Women's Institutes, Townswomen's Guilds and church organisations take an interest in old people's welfare, working in conjunction with ward and parish councils.

## **Loan of nursing equipment**

As previously reported, a supply of nursing equipment, apparatus, etc., is available for loan to patients from stocks supplied to district nurses in accordance with the scale agreed to by the Cheshire County Council and my Committee. A reserve stock is also kept at my Divisional Office.

A patient borrowing equipment under the above heading is required to pay a deposit, which is refunded when the article is returned in good condition.

The number of articles loaned to patients during the year was 125.

There was a large increase in the number of articles loaned during 1950.

## **Home occupation**

In a few cases where patients are suffering from prolonged disability, resultant upon injury or sickness, arrangements have been made, in conjunction with the chest physicians and/or the patient's medical practitioner, and the British Red Cross Society for the supply of materials and apparatus for home occupation.

## **Health education**

Copies of my pamphlet "Commonsense Preventive Measures Against Disease" have been widely distributed throughout the Division, and posters on health education matters have been forwarded to shops, etc., for display.



Pamphlets are also left at homes where there are cases of infectious disease, giving details of the precautions to be taken to avoid the spread of infection.

Health matters on the wireless, Central Office of Information films, articles in the Press and magazines have aided health education, but the health visitors' personal visits and talks in the home are the most important means of spreading health education. The matron of the day nursery, Runcorn, and staff also greatly assist in this matter, in addition, midwives, district nurses and sanitary inspectors.

## SECTION 29 — DOMESTIC HEALTH SERVICE

The number of domestic helps available at the 31st December, 1950, was 4 full-time and 19 part-time.

There has been a considerable increase in the number of cases supplied with domestic helps during the year, especially for old people living on their own, and, during the December quarter, for cases of illness.

All applicants are visited by the health visitors and a full enquiry made as to the need for the services of a domestic help, and only where this is absolutely necessary is a domestic help supplied. All protracted cases are visited at regular intervals to ascertain whether the services of a domestic help are still necessary.

The number of cases attended during the year was 120, subdivided as follows:—

<i>Confinement Cases</i>	<i>Tuberculosis Cases</i>	<i>Aged Persons</i>	<i>Cases of Other Illness</i>
38	4	21	57

In connection with confinement cases the domestic help is usually booked for 10 full days, and if the medical condition of the patient is such that it is advisable to extend the period, the necessary arrangements are made.

For the other types of cases for which domestic helps are required, the cases are carefully considered and domestic helps supplied for a specified number of hours per week, depending on the requirements of the case. In certain cases of illness it is essential that domestic helps are supplied on a full-time basis, especially where there are young children in the house.

*This service is not free to the patient, but subject to a "means" test.*

Where any hardship is claimed after the assessment, the case is referred to the Divisional Health Committee for their decision in the matter.





